

NOVEMBER 2024 CHALLENGE

NAME _____

DO 30 MINUTES OF CARDIO AND EAT HEALTHY FOR 21 DAYS. VERIFY ENTRIES WITH ATTENDANT AT THE JIM THORPE FITNESS CENTER FRONT DESK.

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					1 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	2 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO
3 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	4 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	5 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	6 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	7 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	8 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	9 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO
10 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	11 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	12 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	13 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	14 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	15 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	16 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO
17 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	18 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	19 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	20 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	21 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	22 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	23 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO
24 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	25 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	26 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	27 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	28 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	29 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO	30 <input type="checkbox"/> HEALTHY EATING <input type="checkbox"/> 30 MINUTES OF CARDIO

DAYS WITH 30 MINS OF CARDIO _____

DAYS EATING HEALTHY _____

